

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1-12. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or Print)			First Middle Last			2a. DATE KNOWN OF DEATH			2b. HOUR
John Bentz, Sr.						Month Day Year			1:32 M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.		2c. DATE PRONOUNCED DEAD	
Male	White	12-7-83	84 YRS.	MONTHS	DAYS	HOURS	MIN.	Month Day Year	1:40 P M
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Germany		USA				GARRETT Md.			
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY
Oakland			Garrett Co. Mem. Hospital			Bethlehem Steel			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER
Md.			Garrett		Accident		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		R.D.
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME						
First Middle Last			First Middle Last						
Unknown			Unknown						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS				
No			174-05-8838A		Fred Bentz, R.D., Accident, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:									
IMMEDIATE CAUSE (a) Coronary thrombosis									Hours
4109 DUE TO, OR AS A CONSEQUENCE OF									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.									
(b) Arteriosclerosis, generalized									Years
DUE TO, OR AS A CONSEQUENCE OF									
(c)									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)									
4301									
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?	
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21b. TIME OF INJURY Month, Day, Year		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
			HOUR A.M. P.M.		19				
21d. INJURY OCCURRED		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State				
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE			CHIEF MEDICAL EXAMINER			22b. DATE SIGNED			
EXAMINER'S NAME (Type)			M.D.			3-30-68			
James H. Feaster, Jr., M. D.			ADDRESS (Street, city, town, or county)			Oakland, Maryland			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)		Pa.	
Burial		4/3/68		Monongahela Cemetery		North Braddock,		Alleghany,	
24. FUNERAL DIRECTOR ADDRESS				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
Ruth Newman				Grantsville, Md.		DATE APR 2 - 1968		Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
CERTIFICATE OF DEATH										
1. DECEASED-NAME (Type or print)			First Middle Last			2a. DATE OF DEATH Month Day Year				
Ella Josephine Broderick						3 21 68				
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		
Female		White		July 14, 1870		97 YRS.		IF UNDER 24 HRS. HOURS MINS.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Pennsylvania		U S A				Garrett Md.				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Oakland			Cuppitt-Weeks Nursing Home			Housewife				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
Maryland			Allegany		Cumberland		YES		737 Maryland Ave (Formerly)	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME							
First Middle Last			First Middle Last							
Roderick D. Fisk			Ella J. Reynolds							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)			16b. SOCIAL SECURITY NO.		17. INFORMANT					
No			None		Mrs. Helena Schott Box 173 Cresaptown, Md					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> 440.9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Arteriosclerosis, generalized</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u></u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 weeks years		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4500										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (the hospital) attended the deceased from 1960, 19, to 3-19-68, 19, that (I) (we) last saw the deceased alive on 3-19-68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE James H. Feaster, Jr., M. D.					DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 3-21-68			
22d. PHYSICIAN'S NAME (Type)					22e. ADDRESS					
James H. Feaster, Jr., M. D.					104 S. 2nd. St., Oakland, Md. 21550					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)				
Burial		Mar. 23, 1968		St. Michael's Catholic		Frostburg Allegany Md.				
24. FUNERAL DIRECTOR John J. Hafer, Jr.					25a. REC'D BY REGISTRAR MAR 26 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

05150

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

04147

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04131

1. DECEASED-NAME (Type or Print)			First Middle Last			2a. DATE KNOWN OF DEATH			Month Day Year			2b. HOUR			
CECIL			FRANKLIN			CONNEWAY			3-3-68 19			11:45 P.M.			
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.		2c. DATE PRONOUNCED DEAD			2d. HOUR				
Male	White	10/12/13	54 YRS.	MONTHS	DAYS	HOURS	MIN.	Month 3 Day 4 Year 1968			8:30 A.M.				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH									
W. Va.		USA		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Garrett, Md.									
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY						
Oakland			234 N. Hammond St.			orderly			Hospital						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER						
Md.			Garrett		Oakland		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		234 N. Hammond St.						
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME												
First Middle Last			First Middle Last												
James			Conneway			Verna Rosier									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS										
No			220-10-2993		Mrs. Cecil Conneway, Oakland, Md. (Widow)										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 1. DEATH WAS CAUSED BY:															
IMMEDIATE CAUSE (a) Coronary thrombosis												Minutes			
DUE TO, OR AS A CONSEQUENCE OF															
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.															
DUE TO, OR AS A CONSEQUENCE OF															
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)															
19a. DATE OF OPERATION												19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?	
														YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21b. TIME OF INJURY Month, Day, Year			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
			HOUR A.M. P.M. 19												
21d. INJURY OCCURRED			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State									
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>															
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE			CHIEF MEDICAL EXAMINER			22b. DATE SIGNED									
EXAMINER'S NAME (Type)			M.D.			3-4-68									
James H. Feaster, Jr., M. D.			DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			ADDRESS (Street, city, town, or county) Oakland, Garr., Md.									
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)							
Burial			3/6/68		St. Peter's Catholic			Oakland, Garrett, Md.							
24. FUNERAL DIRECTOR						ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE					
John O. Durst, Oakland, Maryland								DATE MAR 7 1968		Charles J. [Signature]					

04131

04131

1-2-1

CONWAY

CONWAY

CONWAY

John

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

W. A.

John O. ...

W. A.

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form BW3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																
MEDICAL EXAMINER'S CERTIFICATE OF DEATH																
1. DECEASED-NAME (Type or Print)			First Audrey			Middle Ernest			Last Cox			2a. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/> 3-4-68 19			2b. HOUR 10:45 A. M.	
3. SEX Male		4. RACE White		5. DATE OF BIRTH 3-24-95		6. AGE (In years last birthday) 72 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month 3 Day 4 Year 68			2d. HOUR 10:45 A. M.	
7a. BIRTHPLACE (State or foreign country) W.Va.			7b. CITIZEN OF WHAT COUNTRY? USA			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Garrett				Md.			
10. CITY OR TOWN OF DEATH Oakland				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Mem. Hospital				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farmer				12b. KIND OF BUSINESS OR INDUSTRY Gen. Farming				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W.Va.				13b. COUNTY Ritchie				13c. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13d. STREET AND NUMBER RFD Pullman, W.Va.						
14. FATHER'S NAME First Moses Middle H. Last Cox						15. MOTHER'S MAIDEN NAME First Margaret Middle Smith Last Smith										
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16b. SOCIAL SECURITY NO. (How give war or dates of service) WW I		17. INFORMANT Raiguel Funeral Home, Harrisville, W.Va.										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4412 INTRA-ABDOMINAL HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF RUPTURED ARTERIOSCLEROTIC Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) ABDOMINAL AORTIC ANEURYSM DUE TO, OR AS A CONSEQUENCE OF (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 451X																
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State								
22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion																
ACTUAL SIGNATURE James H. Feaster, Jr., M. D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				22b. DATE SIGNED 3-4-68								
EXAMINER'S NAME (Type)				ADDRESS (Street, city, town, or county)				Oakland, Garr., Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE 3/6/68		23c. NAME OF CEMETERY OR CREMATORY Pullman Cemetery				23d. LOCATION (City or Town) (County) (State) Pullman, Ritchie, W.Va.						
24. FUNERAL DIRECTOR John O. Durst, Oakland, Maryland				25a. REC'D BY REGISTRAR DATE MAR 7 1968				25b. REGISTRAR'S SIGNATURE William A. Judge								

PATIENT'S NAME		DATE	
FACILITY		AGE	
SEX		RACE	
RELIGION		EDUCATION	
OCCUPATION		MARITAL STATUS	
HISTORY		PHYSICAL EXAMINATION	
LABORATORY TESTS		X-RAY	
TREATMENT		PROGNOSIS	
DISCHARGE		FOLLOW-UP	

**FOR STATE
HEALTH DEPT.**

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

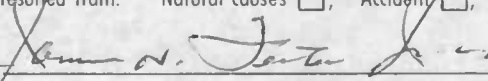
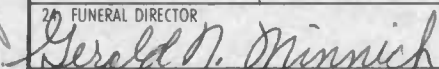

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
<div>04148</div> <div>04133</div>										
1. DECEASED-NAME (Type or Print)			First Middle Last				2a. DATE KNOWN OF DEATH		2b. HOUR	
Wellington Donald Dever, Jr.							<input checked="" type="checkbox"/> Month Day Year OF ESTI- 3-30-68 19 1:10 P		M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS		2c. DATE PRONOUNCED DEAD		2d. HOUR
Male	White	2/25/58	10 YRS.	MONTHS	DAYS	HOURS	MIN.	Month 3-30-68 Year 19 1:10 P		M
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				Md.
Oakland, Md.		USA				Garrett				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Oakland			Garrett Co. Mem. Hospital			Student		School		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) - STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER	
Maryland			Garrett		Oakland		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		31 E. Water St.	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME							
First Middle Last			First Middle Last							
Wellington Donald Dever, Sr.			Lena Roberta Glaze							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS					
no			none		W. Donald Dever, Sr. Oakland, Maryland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										
PART 1. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) Intercranial Hemorrhage										
810.1 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } Fractured skull										
(b) DUE TO, OR AS A CONSEQUENCE OF										
(c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
8104										
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?		
								YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>			21b. TIME OF INJURY Month, Day, Year		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
CAUSE OF DEATH			12:40 P.M. 3-30-68		Passenger in auto that was struck by train.					
21d. INJURY OCCURRED		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State		
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		B. & O. RR Crossing		Oakland		Garrett		Maryland		
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE			EXAMINER'S NAME (Type)			22b. DATE SIGNED				
James H. Feaster, Jr., M. D.						3-30-68				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial			4/2/68		Oakland Cemetery		Oakland Maryland			
24. FUNERAL DIRECTOR					ADDRESS		25a. REC'D BY REGISTRAR			
Gerald N. Minnick					Oakland, Maryland		DATE APR 2 - 1968			
							25b. REGISTRAR'S SIGNATURE			
							Charles Judge			

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 10-102. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or Print)			First Lena			Middle Pauline			Last Glaze		
3. SEX Female			4. RACE White		5. DATE OF BIRTH 2/3/1915		6. AGE (In years last birthday) 53 YRS.		2c. DATE PRONOUNCED DEAD Month 3-30-68 Year 19		
7a. BIRTHPLACE (State or foreign country) Aurora, W. Va.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett			2b. HOUR 1:10 M.		
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give home address) (Don) Garrett Co. Mem. Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Garrett		13c. CITY OR TOWN Oakland		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 22 E. Water St.		
14. FATHER'S NAME First George			Middle Wotring			Last Ada			15. MOTHER'S MAIDEN NAME First M		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 218-34-4517		17. INFORMANT ADDRESS Robert L. Glaze, Sr. Oakland, Maryland						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intercranial Hemorrhage 810.0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Fractured skull DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8104											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month 3-30-68 Day 19 Hour 12:40 P.M. HOUKAY			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Driver of auto struck by B. & O. Train					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) B. & O. RR. Crossing			21f. LOCATION Street or R.F.D. No. Oakland		City or Town Garrett		County Maryland		
22a. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE 			EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D.			CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
						ADDRESS (Street, city, town, or county) Oakland, Maryland		22b. DATE SIGNED 3-30-68			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 4/2/68		23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery			23d. LOCATION (City or Town) Oakland		(County) Maryland	
24. FUNERAL DIRECTOR 			ADDRESS Oakland, Maryland			25a. REC'D BY REGISTRAR DATE APR 2 - 1968		25b. REGISTRAR'S SIGNATURE 			

04135

RECEIVED

04135

100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

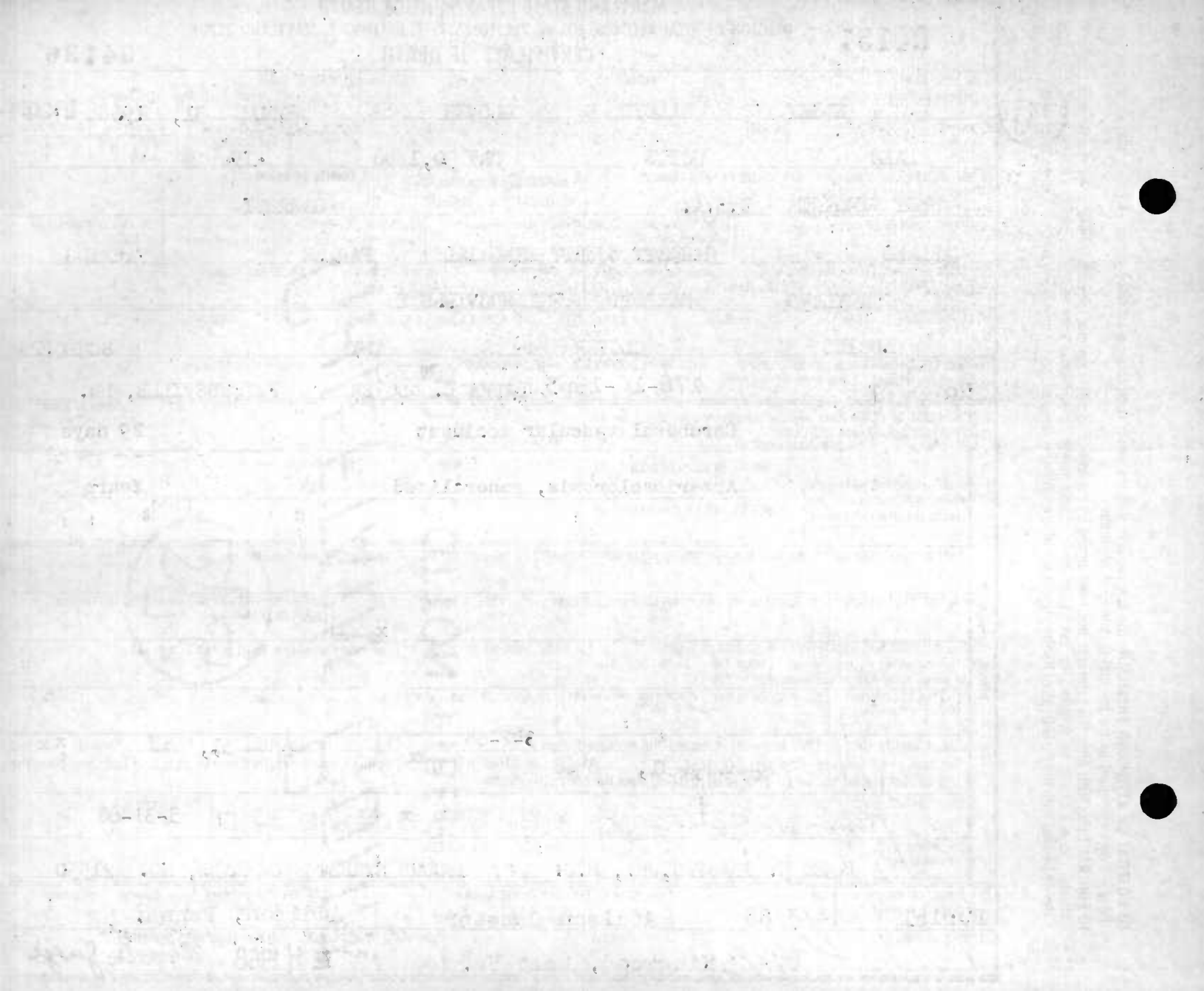
100-100-100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH Month Day Year			2b. HOUR
ELSEY			LLOYD	GLOVER		MARCH 31, 1968			4:20 PM
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		7. IF UNDER 1 YEAR MONTHS DAYS	
MALE		WHITE		MAY 30, 1888		79 YRS.		10 1	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
WEST VIRGINIA		U.S.A.				GARRETT Md.			
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
OAKLAND		GARRETT COUNTY MEMORIAL		FARMER		FARMING			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
MARYLAND		GARRETT		FRIENDSVILLE					
14. FATHER'S NAME			First	Middle	Lost	15. MOTHER'S MAIDEN NAME			First Middle Last
LUCIUS			GLOVER			AMY			SCHMOPPS
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown))			16b. SOCIAL SECURITY NO.		17. INFORMANT (WIFE)		Address		
No			176-16-1563		LAURA E. GLOVER		FRIENDSVILLE, MD.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 436.9 DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis, generalized DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 29 days Years	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 331X									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State	
22a. I certify that (I) (this hospital) attended the deceased from 3-2-68 19, to MARCH 31, 1968, that (I) (we) saw the deceased alive on MARCH 31, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE James H. Feaster, Jr.					22c. DATE SIGNED 3-31-68		22d. ADDRESS		
JAMES H. FEASTER, JR., M.D.					SECOND STREET OAKLAND, MD. 21550				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial		4/3/68		Addison Cemetery		Addison, Penna.			
24. FUNERAL DIRECTOR Lucia Janet K. Williams					25a. REC'D BY REGISTRAR DATE APR 4 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION

04152										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										04137																													
1. DECEASED-NAME (Type or Print)										First Middle Last										2a. DATE KNOWN OF DEATH <input checked="" type="checkbox"/> Month Day Year										2b. HOUR																			
Louis Hacker																				3-24-68 19										2 P M																			
3. SEX Male			4. RACE White			5. DATE OF BIRTH 1-15-1888			6. AGE (In years last birthday) 80 YRS.			IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS HOURS MIN			2c. DATE PRONOUNCED DEAD Month Year 19										2d. HOUR																					
7a. BIRTHPLACE (State or foreign country) MD.										7b. CITIZEN OF WHAT COUNTRY? U. S. A.										8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>										9. COUNTY OF DEATH Garrett Md.																			
10. CITY OR TOWN OF DEATH Oakland										11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Cuppitt-Weeks Nursing Home										12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)										12b. KIND OF BUSINESS OR INDUSTRY																			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD.										13b. COUNTY Allegany										13c. CITY OR TOWN Lonaconing										13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										13e. STREET AND NUMBER									
14. FATHER'S NAME First Middle Last Henry Hacker										15. MOTHER'S MAIDEN NAME First Middle Last Martha E. McKenzie																																							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No										16b. SOCIAL SECURITY NO. (If give war or dates of service)										17. INFORMANT Martha Clark										ADDRESS Lonaconing, Md. (Neice)																			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>410.9</u> Coronary thrombosis DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic cardio-vascular disease DUE TO, OR AS A CONSEQUENCE OF last. <u>420.1</u> (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Old cerebral vascular accident.																				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden Years																													
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>																													
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH										21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																													
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)										21f. LOCATION Street or R.F.D. No. City or Town County State																													
22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/>										and in my opinion																													
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James H. Feaster, Jr., M. D.										CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>										22b. DATE SIGNED 3-24-68 Oakland, Md. 21550																													
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial										23b. DATE 3/27/1968										23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery										23d. LOCATION (City or Town) (County) (State) Lonaconing, Md.																			
24. FUNERAL DIRECTOR George Eichhorn										ADDRESS Lonaconing, Md.										25a. REC'D BY REGISTRAR DATE MAR 26 1968										25b. REGISTRAR'S SIGNATURE Charles J. Jones																			

04137

04137

10

Jackey

1-10-1908

U.S.A.

Chief-Neck Nursing Home

Albany, New York

Barry

Barry

Barry

Coronary thrombosis

Arteriosclerosis cardio-vascular disease

Coronary vascular accident

3-24-08

James H. Easter, Jr., M.D.

Lowell, Mass.

1907, 1908, 1909

George Dickson

Lowell, Mass.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 17-66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH Month Day Year		12:04:00 Noon M		
SARAH		AMELIA	HARVEY	March 26, 1968					
3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
Female	White		Sept. 27, 1894		73				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.	
Maryland		USA				Garrett			
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Mt. Lake Park					Housewife		Own home		
13a. USUAL RESIDENCE (Where deceased admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER			
Md.		Garrett		Mt. Lake		Box 105			
14. FATHER'S NAME First Middle Last			15. MOTHER'S MAIDEN NAME First Middle Last						
Charles Buntz			Unknown						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) (If yes give war or dates of service)			16b. SOCIAL SECURITY NO.		17. INFORMANT (Husband) Address		Md.		
No					James Harvey, Box 105, Mt. Lake Park,				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> <u>436.0</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Hypertensive Arteriosclerotic Disease</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Years</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>331X Diabetes Mellitus - Severe</u>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <u>June</u> , 19 <u>58</u> , to <u>Mar 26</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>Mar 20</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <u>Herbert H. Leighton</u>				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <u>27 Mar 68</u>			
22d. PHYSICIAN'S NAME (Type) Herbert H. Leighton, M.D.				22e. ADDRESS Oakland, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial		3/29/68		Garr. Co. Mem. Gardens		Oakland, Garrett, Md.			
24. FUNERAL DIRECTOR <u>John O. Durst</u>				ADDRESS John O. Durst		25a. REC'D BY REGISTRAR DATE MAR 28 1968		25b. REGISTRAR'S SIGNATURE <u>Judge</u>	
John O. Durst, Oakland, Maryland									

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
(M)

04154

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

04133

1. DECEASED-NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH Month Day Year		2b. HOUR AM PM					
Baby		Boy	Michaels		March 2, 1968		2:00					
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		
Male		White		March 1, 1968		YRS.				17 40		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH						
Maryland		U. S. A.				Garrett County,		Md.				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY						
Oakland		Garrett Co. Memorial Hosp.		none		none						
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER				
Maryland		Garrett		Friendsville				General Delivery				
14. FATHER'S NAME		First	Middle	Lost	15. MOTHER'S MAIDEN NAME		First	Middle	Lost			
John		Wesley	Michaels		Helen		Lucille	Sines				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address						
no		- - -		John W. Michaels		Friendsville, Md.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>7761</u> Hyaline membrane disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <u>7735</u> (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hours				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>By dates, this infant is about 8 weeks premature</u>												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION		Street or R.F.D. No.		City or Town		County State	
22a. I certify that (I) (this hospital) attended the deceased from <u>March 1, 1968</u> , to <u>March 2, 1968</u> , that (I) <u>did</u> did not view the deceased alive on <u>March 1, 1968</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) <u>(we)</u> (we) did not view the body after death.												
22b. SIGNATURE <u>Dr. James H. Feaster, Jr.</u>		22c. DATE SIGNED <u>3-2-68</u>			22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		22f. MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
Dr. James H. Feaster, Jr.		Oakland, Maryland 21550										
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town)		(County)		(State)		
Burial		3/3/68		Sand Springs Cemetery		Garrett Co.		Maryland				
24. FUNERAL DIRECTOR <u>Gerald N. Minnich</u>		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE <u>MAR 8 1968</u>		25b. REGISTRAR'S SIGNATURE <u>Charles Jones</u>						

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04155

04140

1. PLACE OF DEATH a. COUNTY Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mt. Lake Park c. LENGTH OF STAY IN b 6mon. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Shady Acres				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lake Park d. STREET ADDRESS Shady Acres			
3. NAME OF DECEASED (Type or print) Edna Mae Michaels			4. DATE OF DEATH Month March Day 29 Year 1968				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1907	9. AGE (In years last birthday) 60 yrs.	10. IF UNDER 1 YEAR Months 0 Days 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (County & State, or foreign country) Gormanian, W. Va.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Frank William Cline				
14. MOTHER'S MAIDEN NAME Bertha Stella Miller			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give year or dates of service)				
16. SOCIAL SECURITY NO. 212-24-2318			17. INFORMANT Address Arveta McCrum, Star Rt. Kitzmiller, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Diabetes Mellitus DUE TO Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 360X							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Dec. 1965, March 1968			
21. I certify that (I) (this hospital) attended the deceased from....., 1965, to....., 1968, that (I) (we) last saw the deceased alive on....., 1968, and that death occurred at....., M, from the causes and on the date stated above.							
22a. SIGNATURE Dr. Andrew E. Mance				22b. DATE SIGNED 30 March 1968			
22c. PHYSICIAN'S NAME (Type) Dr. Andrew E. Mance				22d. ADDRESS Oakland, Md. 21550			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Mar. 31/68		23c. NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery			
23d. LOCATION (City, town or county) (State) Elk Garden, Mineral Co. W. Va.		24. FUNERAL DIRECTOR'S SIGNATURE Amey M. Shapley					
25a. REC'D BY REGISTRAR DATE APR 3 - 1968		25b. REGISTRAR'S SIGNATURE Charles Judge					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print) First Middle Last John Thomas Moore						2a. DATE OF DEATH Month Day Year March 9 1968			2b. HOUR a.m. or p.m. 4:30 PM		
3. SEX Male		4. RACE White		5. DATE OF BIRTH Oct. 8, 1900		6. AGE (In years last birthday) 67 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Loch Lynn, Md.		7b. CITIZEN OF WHAT COUNTRY? UsA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH GARRETT Md.					
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Mem. Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Trackman		12b. KIND OF BUSINESS OR INDUSTRY Railroad					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Garrett		13c. CITY OR TOWN Kitzmiller		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME First Middle Last John Bollen Moore				15. MOTHER'S MAIDEN NAME First Middle Last Daisy Mae Harvey							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16b. SOCIAL SECURITY NO. WW 2		17. INFORMANT Address Gertie V. Moore Kitzmiller, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> DUE TO, OR AS A CONSEQUENCE OF <u>Coronary artery disease</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>hypertension</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>myocardial infarction</u> PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) <u>4201</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>years</u>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, nat'l medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that (I) (this hospital) attended the deceased from Jan. 1968, to March 11, 1968, that (I) (we) last saw the deceased alive on March 11, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.											
22b. SIGNATURE A. E. Mance		22c. DATE SIGNED March 11, 1968		22d. PHYSICIAN'S NAME (Type) A. E. Mance, M.D.		22e. ADDRESS Oakland, Md. 21550					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/12/68		23c. NAME OF CEMETERY OR CREMATORY Garrett Co. Mem. Gardens		23d. LOCATION (City or Town) (County) (State) Oakland, Maryland					
24. FUNERAL DIRECTOR Gerald N. Minnich		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR MAR 13 1968		25b. REGISTRAR'S SIGNATURE					

1-2-41

STATE OF TEXAS
COUNTY OF DALLAS

1941

No.	Name	Address	City	State	County	Occupation	Age	Sex	Marital Status	Religion	Education	Income	Assets	Liabilities	Notes
1	John Doe	123 Main St	Dallas	Texas	Dallas	Teacher	35	M	Married	Methodist	High School	\$10,000	\$5,000	\$5,000	
2	Jane Smith	456 Oak St	Dallas	Texas	Dallas	Homemaker	30	F	Married	Baptist	High School	\$8,000	\$3,000	\$5,000	
3	Robert Johnson	789 Elm St	Dallas	Texas	Dallas	Engineer	40	M	Married	Presbyterian	College	\$15,000	\$10,000	\$5,000	
4	Mary White	101 Pine St	Dallas	Texas	Dallas	Homemaker	25	F	Single	Catholic	High School	\$6,000	\$2,000	\$4,000	
5	William Brown	202 Cedar St	Dallas	Texas	Dallas	Businessman	50	M	Married	Methodist	College	\$20,000	\$15,000	\$5,000	
6	Elizabeth Green	303 Maple St	Dallas	Texas	Dallas	Homemaker	45	F	Married	Baptist	High School	\$9,000	\$4,000	\$5,000	
7	Charles Black	404 Birch St	Dallas	Texas	Dallas	Engineer	38	M	Married	Methodist	College	\$12,000	\$8,000	\$4,000	
8	Patricia Gray	505 Spruce St	Dallas	Texas	Dallas	Homemaker	28	F	Married	Catholic	High School	\$7,000	\$3,000	\$4,000	
9	Thomas King	606 Willow St	Dallas	Texas	Dallas	Businessman	42	M	Married	Methodist	College	\$18,000	\$12,000	\$6,000	
10	Barbara Lee	707 Hickory St	Dallas	Texas	Dallas	Homemaker	32	F	Married	Baptist	High School	\$11,000	\$5,000	\$6,000	
11	Richard Hall	808 Ash St	Dallas	Texas	Dallas	Engineer	48	M	Married	Methodist	College	\$16,000	\$11,000	\$5,000	
12	Susan Young	909 Sycamore St	Dallas	Texas	Dallas	Homemaker	27	F	Married	Catholic	High School	\$8,500	\$3,500	\$5,000	
13	Donald Miller	1010 Walnut St	Dallas	Texas	Dallas	Businessman	55	M	Married	Methodist	College	\$22,000	\$16,000	\$6,000	
14	Carol Davis	1111 Chestnut St	Dallas	Texas	Dallas	Homemaker	33	F	Married	Baptist	High School	\$10,500	\$4,500	\$6,000	
15	James Wilson	1212 Elm St	Dallas	Texas	Dallas	Engineer	43	M	Married	Methodist	College	\$17,000	\$12,000	\$5,000	
16	Linda Taylor	1313 Oak St	Dallas	Texas	Dallas	Homemaker	29	F	Married	Catholic	High School	\$9,500	\$4,000	\$5,500	
17	Michael Anderson	1414 Pine St	Dallas	Texas	Dallas	Businessman	52	M	Married	Methodist	College	\$19,000	\$13,000	\$6,000	
18	Nancy Thomas	1515 Cedar St	Dallas	Texas	Dallas	Homemaker	31	F	Married	Baptist	High School	\$11,500	\$5,000	\$6,500	
19	Steven Jackson	1616 Maple St	Dallas	Texas	Dallas	Engineer	41	M	Married	Methodist	College	\$14,000	\$10,000	\$4,000	
20	Kimberly White	1717 Birch St	Dallas	Texas	Dallas	Homemaker	26	F	Married	Catholic	High School	\$8,000	\$3,000	\$5,000	
21	Christopher King	1818 Spruce St	Dallas	Texas	Dallas	Businessman	58	M	Married	Methodist	College	\$24,000	\$18,000	\$6,000	
22	Michelle Green	1919 Willow St	Dallas	Texas	Dallas	Homemaker	34	F	Married	Baptist	High School	\$12,500	\$5,500	\$7,000	
23	Gregory Black	2020 Hickory St	Dallas	Texas	Dallas	Engineer	46	M	Married	Methodist	College	\$15,500	\$11,500	\$4,000	
24	Angela Gray	2121 Ash St	Dallas	Texas	Dallas	Homemaker	30	F	Married	Catholic	High School	\$9,000	\$4,000	\$5,000	
25	Timothy King	2222 Sycamore St	Dallas	Texas	Dallas	Businessman	54	M	Married	Methodist	College	\$21,000	\$15,000	\$6,000	
26	Christina Lee	2323 Walnut St	Dallas	Texas	Dallas	Homemaker	35	F	Married	Baptist	High School	\$13,000	\$6,000	\$7,000	
27	Jonathan Hall	2424 Chestnut St	Dallas	Texas	Dallas	Engineer	44	M	Married	Methodist	College	\$16,500	\$12,500	\$4,000	
28	Stephanie Young	2525 Elm St	Dallas	Texas	Dallas	Homemaker	28	F	Married	Catholic	High School	\$8,500	\$3,500	\$5,000	
29	Benjamin Miller	2626 Oak St	Dallas	Texas	Dallas	Businessman	56	M	Married	Methodist	College	\$23,000	\$17,000	\$6,000	
30	Rebecca Davis	2727 Pine St	Dallas	Texas	Dallas	Homemaker	32	F	Married	Baptist	High School	\$11,000	\$5,000	\$6,000	
31	Andrew Wilson	2828 Cedar St	Dallas	Texas	Dallas	Engineer	42	M	Married	Methodist	College	\$14,500	\$10,500	\$4,000	
32	Heather Taylor	2929 Maple St	Dallas	Texas	Dallas	Homemaker	27	F	Married	Catholic	High School	\$8,000	\$3,000	\$5,000	
33	Isaac Anderson	3030 Birch St	Dallas	Texas	Dallas	Businessman	59	M	Married	Methodist	College	\$25,000	\$19,000	\$6,000	
34	Victoria Thomas	3131 Spruce St	Dallas	Texas	Dallas	Homemaker	36	F	Married	Baptist	High School	\$13,500	\$6,500	\$7,000	
35	Ethan Jackson	3232 Willow St	Dallas	Texas	Dallas	Engineer	47	M	Married	Methodist	College	\$16,000	\$12,000	\$4,000	
36	Sarah King	3333 Hickory St	Dallas	Texas	Dallas	Homemaker	31	F	Married	Catholic	High School	\$9,500	\$4,000	\$5,500	
37	Lucas Gray	3434 Ash St	Dallas	Texas	Dallas	Businessman	60	M	Married	Methodist	College	\$26,000	\$20,000	\$6,000	
38	Madeline King	3535 Sycamore St	Dallas	Texas	Dallas	Homemaker	37	F	Married	Baptist	High School	\$14,000	\$7,000	\$7,000	
39	Samuel Lee	3636 Walnut St	Dallas	Texas	Dallas	Engineer	49	M	Married	Methodist	College	\$17,500	\$13,500	\$4,000	
40	Chloe Hall	3737 Chestnut St	Dallas	Texas	Dallas	Homemaker	29	F	Married	Catholic	High School	\$8,500	\$3,500	\$5,000	
41	Isabella Young	3838 Elm St	Dallas	Texas	Dallas	Businessman	61	M	Married	Methodist	College	\$27,000	\$21,000	\$6,000	
42	Julian Miller	3939 Oak St	Dallas	Texas	Dallas	Homemaker	38	F	Married	Baptist	High School	\$14,500	\$7,500	\$7,000	
43	Abigail Davis	4040 Pine St	Dallas	Texas	Dallas	Engineer	50	M	Married	Methodist	College	\$18,000	\$14,000	\$4,000	
44	Leo Wilson	4141 Cedar St	Dallas	Texas	Dallas	Homemaker	30	F	Married	Catholic	High School	\$9,000	\$4,000	\$5,000	
45	Grace Taylor	4242 Maple St	Dallas	Texas	Dallas	Businessman	62	M	Married	Methodist	College	\$28,000	\$22,000	\$6,000	
46	Henry Anderson	4343 Birch St	Dallas	Texas	Dallas	Homemaker	39	F	Married	Baptist	High School	\$15,000	\$8,000	\$7,000	
47	Clara Thomas	4444 Spruce St	Dallas	Texas	Dallas	Engineer	51	M	Married	Methodist	College	\$18,500	\$14,500	\$4,000	
48	Frederick Jackson	4545 Willow St	Dallas	Texas	Dallas	Homemaker	31	F	Married	Catholic	High School	\$9,500	\$4,000	\$5,500	
49	Isaac King	4646 Hickory St	Dallas	Texas	Dallas	Businessman	63	M	Married	Methodist	College	\$29,000	\$23,000	\$6,000	
50	Joseph Gray	4747 Ash St	Dallas	Texas	Dallas	Homemaker	40	F	Married	Baptist	High School	\$15,500	\$8,500	\$7,000	
51	Josephine King	4848 Sycamore St	Dallas	Texas	Dallas	Engineer	52	M	Married	Methodist	College	\$19,000	\$15,000	\$4,000	
52	William Lee	4949 Walnut St	Dallas	Texas	Dallas	Homemaker	32	F	Married	Catholic	High School	\$10,000	\$5,000	\$5,000	
53	William Wilson	5050 Chestnut St	Dallas	Texas	Dallas	Businessman	64	M	Married	Methodist	College	\$30,000	\$24,000	\$6,000	
54	William Taylor	5151 Elm St	Dallas	Texas	Dallas	Homemaker	41	F	Married	Baptist	High School	\$16,000	\$9,000	\$7,000	
55	William Anderson	5252 Oak St	Dallas	Texas	Dallas	Engineer	53	M	Married	Methodist	College	\$19,500	\$15,500	\$4,000	
56	William Thomas	5353 Pine St	Dallas	Texas	Dallas	Homemaker	33	F	Married	Catholic	High School	\$10,500	\$5,500	\$5,000	
57	William Jackson	5454 Cedar St	Dallas	Texas	Dallas	Businessman	65	M	Married	Methodist	College	\$31,000	\$25,000	\$6,000	
58	William King	5555 Maple St	Dallas	Texas	Dallas	Homemaker	42	F	Married	Baptist	High School	\$16,500	\$9,500	\$7,000	
59	William Gray	5656 Birch St	Dallas	Texas	Dallas	Engineer	54	M	Married	Methodist	College	\$20,000	\$16,000	\$4,000	
60	William Lee	5757 Spruce St	Dallas	Texas	Dallas	Homemaker	34	F	Married	Catholic	High School	\$11,000	\$6,000	\$5,000	
61	William Wilson	5858 Willow St	Dallas	Texas	Dallas	Businessman	66	M	Married	Methodist	College	\$32,000	\$26,000	\$6,000	
62	William Taylor	5959 Hickory St	Dallas	Texas	Dallas	Homemaker	43	F	Married	Baptist	High School	\$17,000	\$10,000	\$7,000	
63	William Anderson	6060 Ash St	Dallas	Texas	Dallas	Engineer	55	M	Married	Methodist	College	\$20,500	\$16,500	\$4,000	
64	William Thomas	6161 Sycamore St	Dallas	Texas	Dallas	Homemaker	35	F	Married	Catholic	High School	\$11,500	\$6,500	\$5,000	
65	William Jackson	6262 Walnut St	Dallas	Texas	Dallas	Businessman	67	M	Married	Methodist	College	\$33,000	\$27,000	\$6,000	
66	William King	6363 Chestnut St	Dallas	Texas	Dallas	Homemaker	44	F	Married	Baptist	High School	\$17,500	\$10,500	\$7,000	
67	William Gray	6464 Elm St	Dallas	Texas	Dallas	Engineer	56	M	Married	Methodist	College	\$21,000	\$17,000	\$4,000	
68	William Lee	6565 Oak St	Dallas	Texas	Dallas	Homemaker	36	F	Married	Catholic	High School	\$12,000	\$7,000	\$5,000	
69	William Wilson	6666 Pine St	Dallas	Texas	Dallas	Businessman	68	M	Married	Methodist	College	\$34,000	\$28,000	\$6,000	
70	William Taylor	6767 Cedar St	Dallas	Texas	Dallas	Homemaker	45	F	Married	Baptist	High School	\$18,000	\$11,000	\$7,000	
71	William Anderson	6868 Maple St	Dallas	Texas	Dallas	Engineer	57	M	Married	Methodist	College	\$21,500	\$17,500	\$4,000	
72	William Thomas	6969 Birch St	Dallas	Texas	Dallas	Homemaker	37	F	Married	Catholic	High School	\$12,500	\$7,500	\$5,000	
73	William Jackson	7070 Spruce St	Dallas	Texas	Dallas	Businessman	69	M	Married	Methodist	College	\$35,000	\$29,000	\$6,000	
74	William King	7171 Willow St	Dallas	Texas	Dallas	Homemaker	46	F	Married	Baptist	High School	\$18,500	\$11,500	\$7,000	
75	William Gray	7272 Hickory St	Dallas	Texas	Dallas	Engineer	58	M	Married	Methodist	College	\$22,000	\$18,000	\$4,000	
76	William Lee	7373 Ash St	Dallas	Texas	Dallas	Homemaker	38	F	Married	Catholic	High School	\$13,000	\$8,000	\$5,000	
77	William Wilson	7474 Sycamore St	Dallas	Texas	Dallas	Businessman	70	M	Married	Methodist	College	\$36,000	\$30,000	\$6,000	
78	William Taylor	7575 Walnut St	Dallas	Texas	Dallas	Homemaker	47	F	Married	Baptist	High School	\$19,000	\$12,000	\$7,000	
79	William Anderson	7676 Chestnut St	Dallas	Texas	Dallas	Engineer	59	M	Married	Methodist	College	\$22,500	\$18,500	\$4,000	
80	William Thomas	7777 Elm St	Dallas	Texas	Dallas	Homemaker	39	F	Married	Catholic	High School	\$13,500	\$8,500	\$5,000	
81	William Jackson	7878 Oak St	Dallas	Texas	Dallas	Businessman	71	M	Married	Methodist	College	\$37,000	\$31,000	\$6,000	
82	William King	7979 Pine St	Dallas	Texas	Dallas	Homemaker	48	F	Married	Baptist	High School	\$19,500	\$12,500	\$7,000	
83	William Gray	8080 Cedar St	Dallas	Texas	Dallas	Engineer	60	M	Married	Methodist	College	\$23,000	\$19,000	\$4,000	
84	William Lee	8181 Maple St	Dallas	Texas	Dallas	Homemaker	40	F	Married	Catholic	High School	\$14,000	\$9,000	\$5,000	
85	William Wilson	8282 Birch St	Dallas	Texas	Dallas	Businessman	72	M	Married	Methodist	College	\$38,000	\$32,000	\$6,000	
86	William Taylor	8383 Spruce St	Dallas	Texas	Dallas	Homemaker	49	F	Married	Baptist	High School	\$20,000	\$13,000	\$7,000	
87	William Anderson	8484 Willow St	Dallas	Texas	Dallas	Engineer	61	M	Married	Methodist	College	\$23,500	\$19,500	\$4,000	
88	William Thomas	8585 Hickory St	Dallas	Texas	Dallas	Homemaker	41	F	Married	Catholic	High School	\$14,500	\$9,500	\$5,000	
89	William Jackson	8686 Ash St	Dallas	Texas	Dallas	Businessman	73	M	Married	Methodist	College	\$39,000	\$33,000	\$6,000	
90	William King	8787 Sycamore St	Dallas	Texas	Dallas	Homemaker	50	F	Married	Baptist	High School	\$20,500	\$13,500	\$7,000	
91	William Gray	8888 Walnut St	Dallas	Texas	Dallas	Engineer	62	M	Married	Methodist	College	\$24,000	\$20,000	\$4,000	
92	William Lee	8989 Chestnut St	Dallas	Texas	Dallas	Homemaker	42	F	Married	Catholic	High School	\$15,000	\$10,000	\$5,000	
93	William Wilson	9090 Elm St	Dallas	Texas	Dallas	Businessman	74	M	Married	Methodist	College	\$40,000	\$34,000	\$6,000	
94	William Taylor	9191 Oak St	Dallas	Texas	Dallas	Homemaker	51	F	Married	Baptist	High School	\$21,000	\$14,000	\$7,000	
95	William Anderson	9292 Pine St	Dallas	Texas	Dallas	Engineer	63	M	Married	Methodist	College	\$24,500	\$20,500	\$4,000	
96	William Thomas	9393 Cedar St	Dallas	Texas	Dallas	Homemaker	43	F	Married	Catholic	High School	\$15,500	\$10,500	\$5,000	
97	William Jackson	9494 Maple St	Dallas	Texas	Dallas	Businessman	75	M	Married	Methodist	College	\$41,000	\$35,000	\$6,000	
98	William King	9595 Birch St	Dallas	Texas	Dallas	Homemaker	52	F	Married	Baptist	High School	\$21,500	\$14,500	\$7,000	
99	William Gray	9696 Spruce St	Dallas	Texas	Dallas	Engineer	64	M	Married	Methodist	College	\$25,000	\$21,000	\$4,000	
100	William Lee	9797 Willow St	Dallas	Texas											

CERTIFICATE OF DEATH

04157

04142

1. PLACE OF DEATH a. COUNTY Garrett b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural- Swanton c. LENGTH OF STAY IN 1b 70yrs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R#1- Swanton Rd.				2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Swanton d. STREET ADDRESS R#1, Swanton Rd. e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) FLORENCE JANE O'BRIEN		4. DATE OF DEATH MARCH 1 1968					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1890	9. AGE (In years last birthday) 77 yrs.	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (County & State, or foreign country) Garrett Co. Md.			
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13. FATHER'S NAME Augustus Bernard			14. MOTHER'S MAIDEN NAME Elizabeth Bernard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 212-24-1968		17. INFORMANT Mrs. Glen O'Brien, Swanton, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 404 X Acute Myocardial Infarction DUE TO (b) Coronary - Vascular Rupture Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442 X				INTERVAL BETWEEN ONSET AND DEATH 2 days 3 yrs 10 yrs			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town)		20g. (County)		20h. (State)			
21. I certify that (I) (this hospital) attended the deceased from Jan 1950 to March 1968 , that (I) (we) last saw the deceased alive on March 1 1968 , and that death occurred at 2:15 PM from the causes and on the date stated above.							
22a. SIGNATURE Ralph Calandrella		22b. DATE SIGNED March 28					
22c. PHYSICIAN'S NAME (Type) Dr. Ralph Calandrella, M.D.		22d. ADDRESS Kitzmiller, Md. 21538					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Mar. 4/68		23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery			
23d. LOCATION (City, town or county) Deer Park, Md.		23e. (State)					
24. FUNERAL DIRECTOR'S SIGNATURE Amey Mildred Sharpless		24a. ADDRESS Blaine, W. Va. O. Kitzmiller, Md.		25a. REC'D BY REGISTRAR Charles Judge			
25b. REGISTRAR'S SIGNATURE		DATE MAR 6 1968					

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. On or about the date of the accident, the vessel was engaged in the coastwise trade between the ports of New York and New Jersey.

2. The vessel was under the command of the Master, who was duly licensed and qualified for the command of the vessel.

3. The vessel was carrying a cargo of [illegible] and was loaded in accordance with the applicable regulations.

4. The vessel was operating in accordance with the applicable rules and regulations of the Maritime Safety Board.

5. The accident occurred as a result of [illegible] and was not the result of any negligence on the part of the vessel or its crew.

6. The vessel was found to be in compliance with the applicable regulations at the time of the accident.

7. The vessel was found to be in compliance with the applicable regulations at the time of the accident.

8. The vessel was found to be in compliance with the applicable regulations at the time of the accident.

9. The vessel was found to be in compliance with the applicable regulations at the time of the accident.

10. The vessel was found to be in compliance with the applicable regulations at the time of the accident.

CERTIFICATE OF DEATH

04158

04143

1. DECEASED-NAME (Type or print) JOHN RILEY O'HAYER			20. DATE OF DEATH Month MARCH Day 6 Year 1968			2b. HOUR A MIN. 30			
3. SEX Male		4. RACE White		5. DATE OF BIRTH December 28, 1897		6. AGE (In years last birthday) 70 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	
70. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garr ett			
10. CITY OR TOWN OF DEATH Oakland		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) DOA Garr. Co. Mem. Hosp.		120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Carpenter		12b. KIND OF BUSINESS OR INDUSTRY Building			
130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Garrett		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Route #1			
14. FATHER'S NAME First Joseph Middle O'Haver Last O'Haver			15. MOTHER'S MAIDEN NAME First Matilda Middle Rumer Last Rumer			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No (If yes give war or dates of service)			
16b. SOCIAL SECURITY NO. 220-09-8260		17. INFORMANT Address (Widow) Mrs. John O'Haver, Rt. 1, Oakland, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF (c) Arteriosclerosis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4109 years									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (c) 4201									
190. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		200. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
210. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
220. I certify that (I) (this hospital) attended the deceased from Nov , 19 67 , to 6th , 19 68 , that (I) (we) last saw the deceased alive on Feb. 29 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE A. E. Mance				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 7 March			
22d. PHYSICIAN'S NAME (Type) A. E. Mance, M.D.				22e. ADDRESS Oakland, Maryland					
230. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/9/68		23c. NAME OF CEMETERY OR CREMATORY Taylor-Sines Cemetery		23d. LOCATION (City or Town) (County) (State) Near Oakland, Garr., Md.			
24. FUNERAL DIRECTOR John O. Durst, Oakland, Maryland				250. REC'D BY REGISTRAR DATE MAR 11 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04159		04144	
1. DECEASED-NAME (Type or print) First Middle Last Myrtle Naomi Robinette			2a. DATE OF DEATH Month Day Year 3 26 68
3. SEX Female	4. RACE White	5. DATE OF BIRTH Feb. 22, 1892	6. AGE (In years last birthday) 76 YRS.
7a. BIRTHPLACE (State or foreign country) Garrett Co. Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Garrett Co., Md.
10. CITY OR TOWN OF DEATH Oakland, Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE W.Va.	13b. COUNTY Moorefield	13c. CITY OR TOWN Moorefield	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>
13e. STREET AND NUMBER Box # 422	14. FATHER'S NAME First Middle Last John T. Grove		
15. MOTHER'S MAIDEN NAME First Middle Last Mary Dawson		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)	
16b. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Landon Vetter (Daughter) Oakland, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic Cardiovascular disease 4129 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) stroke DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4221			
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from Jan. 17, 1968 , to March 26, 1968 , that (I) (we) lost saw the deceased alive on March 26, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.			
22b. SIGNATURE A. E. Mance	DEGREE MD	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 26 Mar 68
22d. PHYSICIAN'S NAME (Type) Dr. A. E. Mance (MD)	22e. ADDRESS Oakland, Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-29-68	23c. NAME OF CEMETERY OR CREMATORY Olivet	23d. LOCATION (City or Town) (County) (State) Moorefield Garrett Co. Md.
24. FUNERAL DIRECTOR Earl B. Shush Moorefield, W. Va.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE Charles Judge	
DATE MAR 29 1968			

20

3

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04160

04145

1. DECEASED-NAME (Type or print) Cecilia - - - Ross			2a. DATE OF DEATH Month March Day 24 Year 1968			2b. HOUR 7:30 AM			
3. SEX Female		4. RACE White		5. DATE OF BIRTH April 9, 1892		6. AGE (In years last birthday) 75 YRS.		IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Selbysport, Md.		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Garrett Md.			
10. CITY OR TOWN OF DEATH Friendsville		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) none		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY Own Home			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) - STATE Maryland		13b. COUNTY Garrett		13c. CITY OR TOWN Friendsville		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First George Wolf Frazee Middle Adelie Last Vanhorn			15. MOTHER'S MAIDEN NAME First Adelie Middle Vanhorn Last Vanhorn						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) no (If yes give war or dates of service)		16b. SOCIAL SECURITY NO. 215-12-2091		17. INFORMANT Address A. Donal Frazee Selbysport, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma 153.8 MONTHS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Primary carcinoma of colon 153.8 MONTHS DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 153.8									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 1963 , 19__, to 3-12-68 , 19__, that (I) (see) saw the deceased alive on 3-12-68 , 19__, and that in (my) (see) opinion death occurred on the date and hour and from the causes stated above, (I) (see) (did) (see) view the body after death.									
22b. SIGNATURE James H. Feaster, Jr., M. D.		DEGREE MD		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 3-24-68			
22d. PHYSICIAN'S NAME (Type) James H. Feaster, Jr., M. D.		22e. ADDRESS 104 S. 2nd. St., Oakland, Md. 21550							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/27/68		23c. NAME OF CEMETERY OR CREMATORY Grantsville Cemetery		23d. LOCATION (City or Town) (County) (State) Grantsville Maryland			
24. FUNERAL DIRECTOR Gerald N. Minnich		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR APR 1, 1968		25b. REGISTRAR'S SIGNATURE Phyllis Judge			

01110

01110

01110



01110

01110

01110

01110

01110

01110

01110

01110

01110

01110

01110

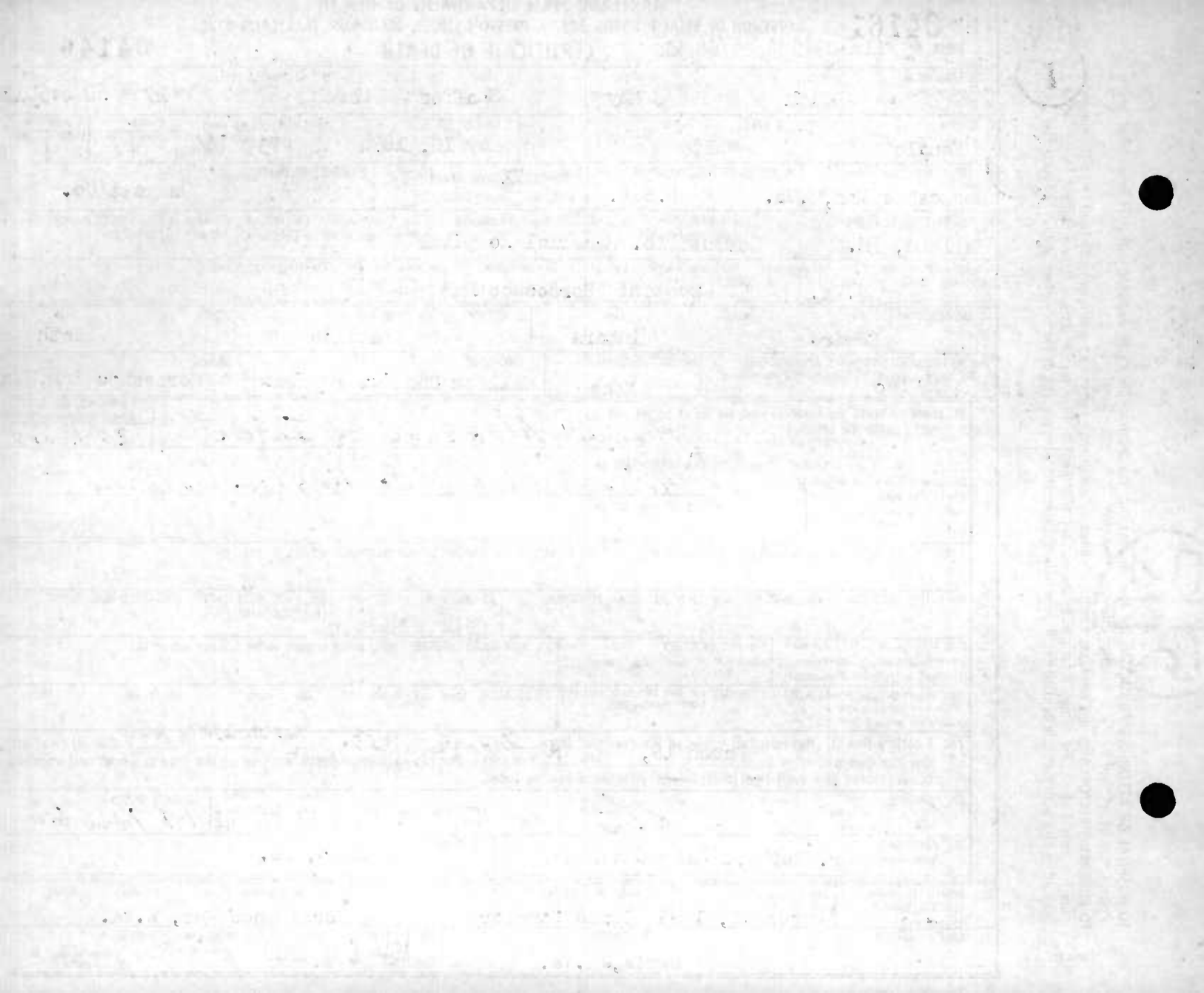
01110



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

<div style="text-align: center;"> <div>04161</div> <div>Item 6 Film G399 3/29/68 kk</div> </div> <div style="text-align: center;"> <div>MARYLAND STATE DEPARTMENT OF HEALTH</div> <div>DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201</div> <div>CERTIFICATE OF DEATH</div> </div> <div style="text-align: right;"> <div>04146</div> </div>														
1. DECEASED-NAME (Type or print)			First		Middle		Last		2a. DATE OF DEATH		2b. HOUR			
Edith			May		Shaffer		March		Month		Day 19 Year 68 8:50AM			
3. SEX			4. RACE			5. DATE OF BIRTH			6. AGE (In years)		IF UNDER 1 YEAR			
Female			White			May 10, 1894			73		MONTHS DAYS HOURS MIN.			
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			9. COUNTY OF DEATH					
Horseshoe Run, W. Va.			U.S.A.			WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Garrett Co. Md.					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)						12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
Oakland, Md.			Garrett Co. Memorial Hospital											
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY			13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER				
W. Va.			Preston			Horseshoe Run		YES <input type="checkbox"/> NO <input type="checkbox"/>						
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME											
First Middle Last			First Middle Last											
Edward			Winters			Matilda			Roth					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT			Address					
No			None			William Shaffer (Husband)			Horseshoe Run, W. Va.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:														
IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarct</u>											20 hours			
DUE TO, OR AS A CONSEQUENCE OF														
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic Cardio-Vascular Disease</u>														
DUE TO, OR AS A CONSEQUENCE OF														
(c)														
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
4201														
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
						YES <input type="checkbox"/> NO <input type="checkbox"/>								
21a. ACCIDENT WAS UNDERLYING			21b. TIME OF INJURY			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
<input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			HOUR A.M. Month Day Year P.M.											
			19											
21d. INJURY OCCURRED			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State								
While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>														
22a. I certify that (I) (this hospital) attended the deceased from <u>March 19, 1968</u> , to <u>March 19, 1968</u> , that (I) (we) lost saw the deceased alive on <u>March 19, 1968</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.														
22b. SIGNATURE			DEGREE			ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED					
<u>Herbert H. Lighton</u>									19 Mar 68					
22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS											
Dr. Herbert Leighton, MD			Oakland, Md.											
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)					
Burial			March 22, 1968			Texas Cemetery			Horse Shoe Run, W. Va.					
24. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE					
			Davis, W. Va.			MAR 26 1968			<u>Charles Judge</u>					



CERTIFICATE OF DEATH

04162

04147

1. DECEASED-NAME (Type or print) Angela Laura TICHINELL			2a. DATE OF DEATH Month 3 Day 3 Year 1968			2b. HOUR 7:47 PM				
3. SEX FEMALE		4. RACE WHITE		5. DATE OF BIRTH MARCH 3, 1968		6. AGE (In years last birthday) YRS. 5		IF UNDER 1 YEAR MONTHS 5 DAYS 5 HOURS 5 MIN		
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U. S. A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH GARRETT COUNTY Md.				
10. CITY OR TOWN OF DEATH OAKLAND			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) GARRETT CO. MEMORIAL HOSP.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND			13b. COUNTY GARRETT		13c. CITY OR TOWN SWANTON		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER ROUTE # 1	
14. FATHER'S NAME First Middle Last			15. MOTHER'S MAIDEN NAME First Middle Last MARGARET LAURA TICHINELL							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO (If yes give war or dates of service)			16b. SOCIAL SECURITY NO.		17. INFORMANT Address RT. 1. HAGAR D. Tichinell Swanton, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 7701 Atelectasis - Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7615 Cerebral Anoxia (b) Partial Abruptio Placenta. DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 hours	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) Prematurity - 7 months gestation - (3 lbs 11 oz Birth Wgt.)										
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that (I) (this hospital) attended the deceased from MARCH 3, 1968 , to March 3, 1968 , that (I) (we) last saw the deceased alive on March 3, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE Herbert K. Leighton						DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 3 Mar 68		
22d. PHYSICIAN'S NAME (Type) DR. HERBERT LEIGHTON						22e. ADDRESS OAKLAND, MARYLAND 21550				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 3/4/68		23c. NAME OF CEMETERY OR CREMATORY Turner Cem.			23d. LOCATION (City or Town) (County) (State) Swanton, Garrett, Md.		
24. FUNERAL DIRECTOR Boal						ADDRESS Westport, Md.		25a. RECEIVED BY REGISTRAR MAR 5 1968		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
CERTIFICATE OF DEATH										
1. DECEASED-NAME (Type or print)			First Middle Last			2a. DATE OF DEATH		2b. HOUR		
David			William			Walter		Month Day Year 3 23 68 8:20 AM		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years lost birthday)		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.		
Male		White		July 29, 90		77 YRS.				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Oakland, Md.		U.S.A.				Garrett Co. Md.				
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Oakland, Md.		Garrett Co. Memorial Hospital				Telegrapher		Railroad		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER	
Maryland			Garrett		Oakland, Md.				316 S. Sixth St.	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME							
First Middle Last			First Middle Last							
Lewis			Walter			Ella Little				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT		Address			
no			A-678509		Ellen Turney (Neice)		Oakland, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY:										
IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>								26 hrs		
DUE TO, OR AS A CONSEQUENCE OF (b) <u>Smoke Inhalation (accidental)</u>										
DUE TO, OR AS A CONSEQUENCE OF (c) <u>Coronary Artery Disease</u>								years		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
<u>Hypertensive Cardio-vascular Disease and Diabetes Mellitus</u>										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
		HOUR A.M. Month Day Year 5:30 3 22 1968		Shock Inhalation House Fire						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION		Street or R.F.D. No.		City or Town		
		Home		Oakland		Garrett		Md.		
22a. I certify that (I) (this hospital) attended the deceased from _____, 1967, to March 23, 1968, that (I) (we) last saw the deceased alive on March 23, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE				22c. DATE SIGNED						
Dr. A. E. Mance (MD)				23 Mar 68						
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS						
				Oakland, Md.						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)				
Burial		3/26/68		Oakland Cemetery		Oakland, Maryland				
24. FUNERAL DIRECTOR				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE				
Grall N. Minnich				DATE APR 1 - 1968		Charles Judge				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) First Middle Last GEORGE WILLIAM WEITZELL			2a. DATE OF DEATH Month Day Year MARCH 8 1968		2b. HOUR Min 5:10
3. SEX MALE	4. RACE WHITE		5. DATE OF BIRTH MARCH 18, 1886		6. AGE (In years lost birthday) 81 YRS.
7a. BIRTHPLACE (State or foreign country) MARYLAND		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH GARRETT
10. CITY OR TOWN OF DEATH OAKLAND		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) GARRETT COUNTY MEMORIAL		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farming	
13a. USUAL RESIDENCE (Where deceased admission) STATE MARYLAND		13b. COUNTY GARRETT		13c. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
14. FATHER'S NAME First Middle Last HENRY W. WEITZELL		15. MOTHER'S MAIDEN NAME First Middle Last FANNIE E. WEITZELL			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) no		16b. SOCIAL SECURITY NO. 215-36-9753		17. INFORMANT Address Everett Weitzell Riverdale, Maryland	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. 2029 (b) metastases DUE TO, OR AS A CONSEQUENCE OF (c) 2021					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Months - years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 2021					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State	
22a. I certify that (I) (this hospital) attended the deceased from FEB. 11 , 19 68 , to MARCH 8 , 19 68 , that (I) (we) last saw the deceased alive on MARCH 8 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE A.E. Mance		DEGREE MD.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22d. PHYSICIAN'S NAME (Type) A.E. MANCE, MD.		22e. ADDRESS OAKLAND, MARYLAND 21550		22c. DATE SIGNED 8 March 1968	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/10/68		23c. NAME OF CEMETERY OR CREMATORY Deer Park Cemetery	
24. FUNERAL DIRECTOR Gerald N. Minnich		ADDRESS Oakland, Maryland		25a. REC'D BY REGISTRAR DATE MAR 13 1968	
				25b. REGISTRAR'S SIGNATURE Charles Judge	

100-100000

RECORDS OF DEATH

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

100-100000

RECORDS OF DEATH

100-100000

100-100000

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH																	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																	
CERTIFICATE OF DEATH																	
1. DECEASED-NAME (Type or print)			First Bura			Middle Margaret			Last Wilson			2a. DATE OF DEATH Month Day Year March 2, 1968			2b. HOUR 5:45 AM		
3. SEX Female			4. RACE White			5. DATE OF BIRTH July 18, 1886			6. AGE (In years last birthday) 81 YRS.			IF UNDER 1 YEAR MONTHS DAYS			IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Maryland			7b. CITIZEN OF WHAT COUNTRY? U. S. A.			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Garrett County, Md.								
10. CITY OR TOWN OF DEATH Oakland			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Garrett Co. Memorial Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Garrett			13c. CITY OR TOWN Swanton			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			13e. STREET AND NUMBER Route # 1					
14. FATHER'S NAME First Middle Last William Curry Tichnell			15. MOTHER'S MAIDEN NAME First Middle Last Ellen Paugh			16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service) no						16b. SOCIAL SECURITY NO.			17. INFORMANT Riley Wilson Swanton, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> 4109 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Ischemic heart disease</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>arteriosclerosis</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mins hrs yrs												PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4201					
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)											
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept</u> , 19 <u>67</u> , to <u>March 2</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>March 1</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																	
22b. SIGNATURE <u>B. L. Grant</u>			22c. DATE SIGNED 3-3-68			22d. PHYSICIAN'S NAME (Type) Dr. B. L. Grant			22e. ADDRESS Oakland, Maryland 21550			22f. MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 3/5/68			23c. NAME OF CEMETERY OR CREMATORY Tichnell			23d. LOCATION (City or Town) (County) (State) Swanton Garrett Md.								
24. FUNERAL DIRECTOR <u>E. J. Boral</u>			24a. ADDRESS Westernport, Md.			25a. REC'D BY REGISTRAR DATE MAR 7 1968			25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>								

STATE OF TEXAS
COUNTY OF DALLAS

1916

WITNESSES

NOTARY PUBLIC

1916

X

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916

1916